



Death Claim Form

Single life plan

where the amount payable is less than €60,000

Please use BLOCK CAPITALS.

Please return this form and other documents to **Protection Claims, Irish Life Assurance Plc, Irish Life Centre, Lower Abbey St, Dublin 1.**

Instructions

Either the next of kin or executor must fill in Section A

If the deceased left a will, the executor must fill in Section B

If the deceased left no will, the next of kin must fill in Section C

If you have any queries regarding the claims process, please refer to our booklet 'Death claims - a guide to claiming under a life assurance plan'.

A copy is also available on our website www.irishlife.ie

If you have any questions about filling in this form, please contact our Customer Service team on 01 704 1010 or email customerservice@irishlife.ie

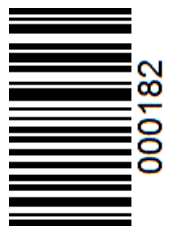
Our lines are open:

8am - 8pm Monday to Thursday

10am - 6pm Friday

9am - 1pm Saturday

In the interest of customer service we will record and monitor calls.



SECTION A – PLAN AND ESTATE DETAILS

Life covered

(Name of the person who has died)

Date of death

Plan numbers

Did the person who has died leave a will?

Yes ☐ No ☐

Is probate being extracted?

Yes ☐ No ☐

Is there a surviving widow or widower?

Yes ☐ No ☐

Are there any children over 18?

Yes ☐ No ☐

SECTION B - THE EXECUTOR MUST FILL THIS IN

Name of executor(s) appointed in the will

Relationship to deceased

Declaration and consent.

I am legally entitled to claim the amount you will pay under the plan shown above. The answers to the questions shown in section A above are correct and I have not withheld any information. If you decide not to wait for letters of probate or administration, I agree to indemnify you against any claims or costs you may suffer as a result of relying on this declaration. I agree that you can contact and obtain any information from any doctor or health professional who may have treated the person who has died or any insurance company or any other person who may hold any relevant information on the person who has died. I agree that doctors and insurance companies can disclose this information for the purposes of processing this claim. I agree that claim details may be used for general statistical purposes.

Signature of executor (as shown in the will)

Name of executor (BLOCK LETTERS)

Signature of executor (as shown in the will)

if applicable

Date

[illegible]

Address
(Where we should send the cheque)

Contact details

<input type="text"/>	(Home)
<input type="text"/>	(Work)
<input type="text"/>	(Mobile)
<input type="text"/>	(E-mail)

Any additional information in relation to us contacting you on the claim in general

To process this claim we also need the following:

- Death Certificate (certified copy)
- A copy of valid photographic **and** address identification (e.g. passport or driving licence **and** a utility bill) of the person claiming

NOTE: A certified copy is a copy of the original document which has been stamped as a true copy by your solicitor, any bank, financial institution or Garda Station.

SECTION D

If you require the cheque to be made payable to your solicitor's client account, please provide us with the payee details

Name of executor/claimant

Signature of executor/claimant

Date

We can only fully process claims when we receive all documents we need. By sending you this form we are not admitting liability.

Please use this space to provide any more information that you think may help us to process this claim faster or to outline any specific instructions you would like us to note.

Thank you.

